



TO ANALYZE THE OVERSEAS PATIENT'S PERCEPTION ABOUT TERTIARY CARE HOSPITAL

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ABSTRACT

Overseas patient is a person who travels from his own country to another country for medical purpose. There are so many factors associated with overseas patient which bring them to come India for medical treatment like cost effectiveness, latest medical technologies, International quality standards compliance, Easy visa documentation, visa on arrival scheme of Govt of India and Poor HealthCare infrastructure and delivery services in their own country. For better understanding of perception of overseas patients in Tertiary Care Hospital (TCH), Quantitative and Qualitative analysis of 30 overseas patients from Nigeria, Iraq, Yemen, Oman, Congo, Uganda, and Dubai etc. carried out. This study has been carried out to analyze overseas patient's perception towards this TCH and another purpose was to which part of process (From arrival to Discharge) should improve in TCH.

The results shows that patients prefer this TCH because it has skilled manpower, latest technology, brand name, trust on medical staff and excellent treatment. From arrival to discharge patient don't find much difficulty except few things which can be properly address.

Scope: By analyzing foreign patient's perception about TCH, it is easy to figure out which pipeline concern and bottleneck should be addressed to.

Limitations: (1) This study has been carried out for short duration for a period of 7th May to 7th Aug. (2) It was difficult to approach patient. The reason being first I had to take consent from overseas department for meeting with patient, staff nurse and doctor's consent of respective department and after patient's consent and his condition then I would be allow for further procedure.

INTRODUCTION:

Over the last 50yrs India has struggled to find its leading sector. Now, it may have found it in the knowledge sectors of the economy. India's success in Information technology is the first evidence and transformed its economy. Now India is emerging successful in medical tourism.

India's medical tourism sector is expected to experience an annual growth of 30% which will make it a \$2 billion industry by 2015.¹ The advantages of medical tourism include improvement in export earnings and HealthCare infrastructure.

- **Medical tourism or health tourism** is the travel of people to another country for the purpose of obtaining medical treatment in that country.² Traditionally, people would travel from less-developed countries to major medical centers in highly developed countries for medical treatment that was unavailable in their own communities;³ the recent trend is for people to travel from developed countries to third-world countries for medical treatments because of cost consideration, though the traditional pattern still continues.⁴ Another reason for travel for medical treatment is that some treatments may not be legal in the home country, such as some fertility procedures.⁵
- Top specialties for medical travelers are Cosmetic surgery, Dentistry (general, restorative, cosmetic), Cardiovascular (angioplasty, CABG, transplants), Orthopedics (joint and spine; sports medicine), Cancer (often high-acuity or last resort), Reproductive (fertility, IVF, women's health), Weight loss (LAP-BAND, gastric bypass), Scans, tests, health screenings and second opinions.⁶ Popular medical travel worldwide destinations include, Costa Rica, India, Israel, Malaysia, Mexico, Singapore, South Korea, Taiwan, Thailand, Turkey, United States.⁷
- For better understanding of channelization of international patients in TCH, Quantitative and Qualitative analysis of 30 overseas patients from Nigeria, Iraq, Yemen, Oman, Congo, Uganda, and Dubai etc. carried out. This study has been carried out to analyze overseas patient's perception towards this TCH and another purpose was to which part of process (From arrival to Discharge) should improve in TCH.

Aim: - To analyze the overseas patient's perception about Tertiary care hospital, Pune.

Objective: - To conduct a survey on patient's perception about TCH. To take in depth interviews of patient and analyze it.

LITERATURE REVIEW:

Overseas Patient Department

Overseas department is one of the departments in Tertiary care Hospital which

create global awareness, fame and expand TCH by penetrating internationally. "Without quality of care patient can't go back home and take care of his economic condition"- is the intense features of overseas department.

The patients coming here are of variety types and from various demographics.

VALUE PROPOSITION OF TCH:

- Quality of care
- Patient safety
- Immigration Documentation
- Real time processing of overseas post hospitalization queries

A minor deviation in any one or more of these may hinder the Overseas Patient delivery leading to devalue TCH.

Overseas Patient:-

An Overseas patient is a person who comes to India (TCH) from his own country for seeking medical treatment. Following are overseas patient's attributes that come to India for a treatment.

: Cost effectiveness

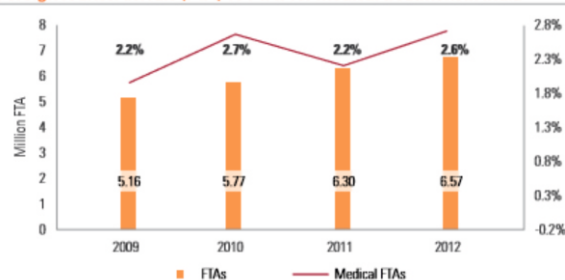
: Latest Medical Technologies

: International quality standards compliance

: Easy visa documentation, visa on arrival scheme of Govt of India

: Poor HealthCare infrastructure and delivery services in Gulf Countries

Total Foreign Tourist Arrivals (FTA) vs FTAs for medical treatment in India



Source: "India tourism statistics 2012", Ministry of Tourism website, accessed 25 July 2014

Figure 1 Total Foreign Tourist Arrivals vs FTAs for Medical treatment in India

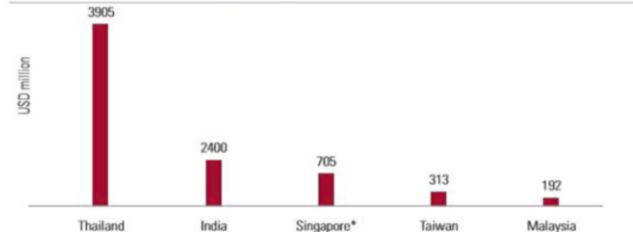
Nationality wise break-up of FTAs for medical treatment purpose in India, 2012



Source: "Indian Healthcare Services", J.P. Morgan Asia Pacific Equity Research, 12 March 14
 *Note: Country wise share adds up to 99%.

Figure 2 Nationality wise break-up of FTAs for medical treatment purpose in India, 2012.

Medical tourism market comparison, 2012



Source: KPMG in India analysis, 2014, A 90 Day Visa Granted to Foreigners from Six Countries Seeking Medical Services in Thailand, The government public relation department website, http://thailand.prd.go.th/view_news.php?id=6651&a=2, accessed 5 August 2013; "Healthcare Industry in India", India Brand Equity Foundation, August 2013, p.17; Asia Medical Tourism Industry Outlook to 2015, Mindpower solutions, 23 January 2012, p.60; "Ma stresses FETZ role in FTA deals", Taiwan Today, 30 December 2013; "The First Medical Tourism Concierge And Lounge In Malaysia: Seamless Service For Medical Tourists", tourist development corporation of Malaysia website, http://corporate.tourism.gov.my/medicentres.asp?page=news_from_tourism&page=arch&news_id=131, accessed 8 August 2014.
 *Note: Estimated values for Singapore

Figure 3 Medical tourism market comparison, 2012

Overseas patient flow in TCH:-

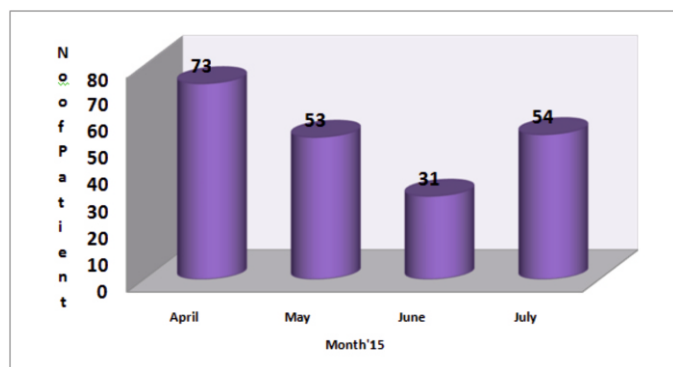


Figure 4 Overseas patient flow in TCH

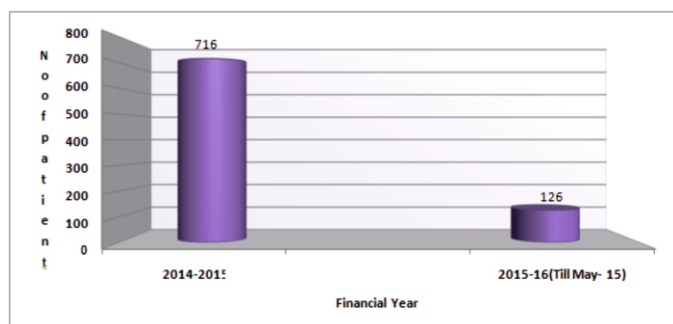
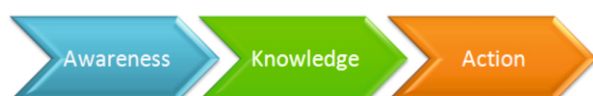


Figure 5 Financial Year

WHY INDIA



Pull effect:

People are aware about INDIA as a medical tourism destination. People prefer Pune for medical treatment in Ruby hall because of TCH'S best marketing strategy to generate awareness about medical treatment in Ruby hall. Many Indian doctors work as consultants globally. So this can easily generate the Pull effect in the Indian market. Also, TCH representatives are strategically placed in overseas countries specially South Africa and vicinity which helps to pull in more

overseas patients. Many of the Pune native doctors are also working in South Africa who channel the overseas patients to the Pune hospital and owing to the bright history and best image of TCH in city, the doctors prefer to send the patients at this hospital.

Pune is academic hub for International students in India. The University of Pune attracts the largest number of foreign students in comparison to all other Indian Universities.⁸ International Students are best word of mouth publication for Medical tourism in Pune. Their relatives and friends heard about India a lot rather than other countries such as Thailand, Singapore, and South Korea. **Immigration effect:-**

What kinds of Problems are they are currently facing in their country?



Figure 6

• Quality of treatment:-

No one accepts anything on cost of their health. Patients from Arab Countries, South Africa and Afghanistan were found to be unsatisfied in the health services available in their country. They believe that their countries is lacking in skilled health personals and technology.

E.g., In their country doctor's success rate of operation is less as compared to India.¹³

In Dubai advance technology and infrastructure are there but don't have skilled doctors. Efficacy and Efficiency of treatment in India is high as compared to other country.

• Less waiting time:-

Waiting Lines are shorter in India as compared to other countries. Patient gets almost real time attention of health personals saving the time and money of them. Also, they are given timely pre and post hospitalization benefits along with online health facility which allows them to access their doctor and other services in real time.

• Cost:-

India has always proved to be the most cost effective country in Health Care services. As Health Care services are intangible and hence getting a fully satisfied person on monetary terms is a big challenge in this industry. India has always lured overseas patients on the basis of its cost efficient health delivery structure and easily accessible nature of the same. A global cost comparison chart of health services is depicted in the below chart.⁹

Table 1 Cost Comparison

| Sr. No. | Procedure | India | U. S | U.K | Singapore | Malaysia | Thailand |
|---------|--|-----------------|--------------------|----------|-----------|----------|----------|
| | | In US \$ | In US \$ | In US \$ | In US \$ | In US \$ | In US \$ |
| 1 | Coronary Angioplasty | 8000 + stent | 57000 | 52000 | 13000 | 12000 | 13000 |
| 2 | CABG Package | 8800 | 70000 to 1,33,000 | 90000 | 17000 | 13100 | 23500 |
| 3 | MVR (Mitral Valve Replacement) Surgery | 10000 + Valve | 75,000 to 1,40,000 | 95000 | 23500 | 15000 | 25000 |
| 4 | Total Knee Replacement | 6700 + implants | 45000 | 37000 | 10500 | 13000 | 12000 |
| 5 | Hip Replacement | 6700 + implants | 45000 | 35000 | 13000 | 9000 | 12700 |
| 6 | Kidney Transplant | 19000 | 65000 | 76000 | 38000 | 32000 | 37000 |
| 7 | Shoulder Replacement | 6700 + implants | 45000 | 37000 | 13000 | 10000 | 12700 |
| 8 | Spine Surgery | 10500 | 40000 | 37000 | 18500 | 14000 | 15000 |
| 9 | Bone Marrow Transplant | 40000 | 200000 | 200000 | 75000 | 67000 | 70000 |
| 10 | Prostate surgery (TURP procedure) | 4500 | 15000 | 12000 | 6000 | 5500 | 5300 |

If we do cost comparison, India makes tremendous difference in cost amongst all. Thailand, India's major competitor, is approximately 20% more expensive.¹⁰⁾

While medical facilities in India has not only caught up to western standards but also in many ways exceeded them.

In India including **Treatment + Travel expenses + Accommodation** are cost efficient and qualitative than other countries.

• Doctor & staff behavior:-

Doctor and staff behavior are very warm and polite towards patient. You can call to doctors at any time regarding your queries.

Iraq scenario

Medical tourists from Iraq shared a common problem about the inefficiency of HealthCare services in their native country. They shared that HealthCare is being inefficient and heavily charged as compared to India.

• Language barrier:-

India is country where people know English very well. So it nullify language barrier because English is widely spoken in the entire world.

Also, TCH provides translator mastered in various languages such as French, Arab and Kurdish, they are deployed right from the first interaction of patient to hospital official till their treatment ends.

METHODOLOGY:

1. Study setting:

The study was conducted in Tertiary care Hospital, Pune

2. Study period:

The study was carried out from 7th May to 7th August 2015

3. Study Design Descriptive

4. Study method:

Quantitative and Qualitative analysis of 30 overseas patients in form of Questionnaires and Discussion.

5. Sample size

30 Overseas Patients

The study conducted started by meeting overseas patients. This study was carried out to know patient flow, which factors were deciding factor to bring them to India and what pipeline concern should address for overseas patient.

OBSERVATION& ANALYSIS:

Quantitative and Qualitative analysis of 30 patients were taken and analyzed their views regarding seeking treatment in TCH, Pune.

Patient Demography:-

Table 2: Country

| Country | No. of patient |
|------------|----------------|
| Congo | 5 |
| Dubai | 1 |
| Iraq | 10 |
| Mozambique | 1 |
| Nigeria | 2 |
| Oman | 7 |
| Uganda | 2 |
| Yemen | 2 |

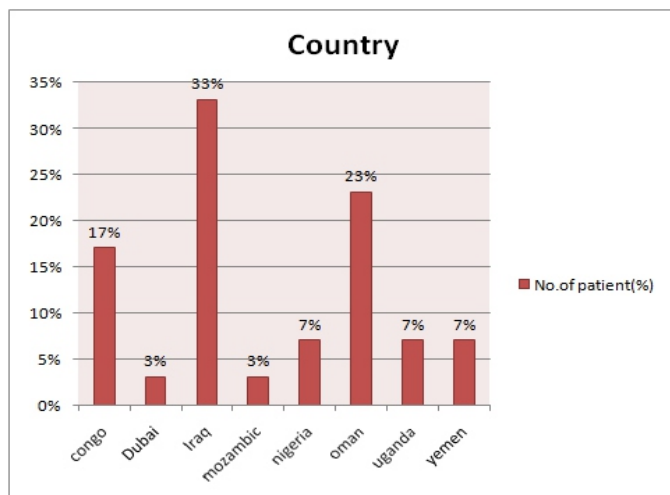


Figure 7 Country

Data of 30 patients was recorded in which country analysis shows that Patient coming from various countries like Iraq, Congo, Yemen, Uganda, Oman, Nigeria, Mozambique, Dubai etc. Pune has major market of Middle East and South Africa. In Middle East Iraq, Yemen and Oman occupy major market share.

The reason behind is that Pune is academic hub in India. Many universities are there in Pune which provide education to International students. These students are major word of mouth force of Pune's Healthcare which leads to attract foreign people to seek treatment in India especially in Pune. Student's Experience and word of mouth publicity make Pune India's medical tourism destination.

Table 3 Age Group

| Age | No. Of patient |
|---------|----------------|
| 0-9yr | 2 |
| 10-19yr | 1 |
| 20-29yr | 0 |
| 30-39yr | 8 |
| 40-49yr | 7 |
| 50-59yr | 8 |
| 60-69yr | 4 |

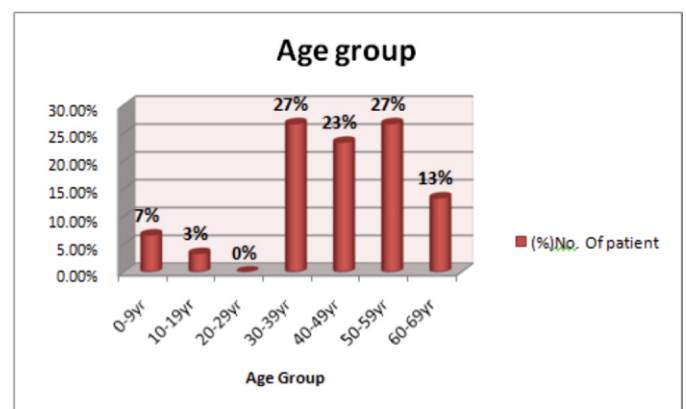


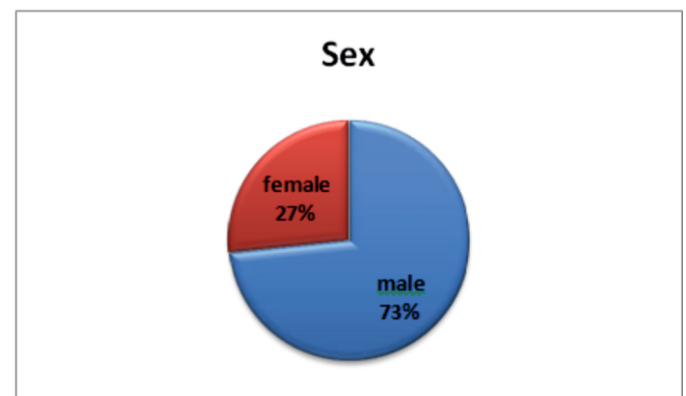
Figure 8 Age Group

The age group which was recorded the most amongst the overseas patients were in the 1 year to 70 years people, the age group 30 – 60 years with an average of 25 % of population and falling in trend were the next group 60-70 years with 13 % mark, the Younger age people (> 20 years) were the least amongst all i.e. 10 %.

Having a broad look over the patient, we may see that the TCH is preferred by all class of age group and there is no any preference amongst any of the age group of the people.

Table 4 Sex

| Sex | No. Of Patient |
|--------|----------------|
| Male | 22 |
| Female | 8 |



As above data shown that from 30 sample size male=22 female=8. Amongst the female 7% were below 6yrs. One lady came for artificial insemination- "fertility tourism".

Table 5 Disease

| Disease | No. of Patient |
|----------------|----------------|
| Neurology | 11 |
| Cancer | 4 |
| Cardiothoracic | 4 |
| Orthopaedic | 2 |
| Surgical | 2 |
| Ophthalmology | 2 |
| ENT | 1 |
| Paediatric | 1 |
| Gynaec | 1 |
| Medicine | 1 |
| Urology | 1 |

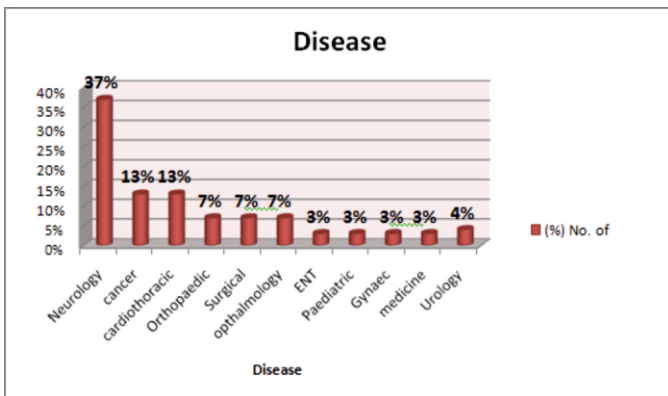


Figure 10 Disease

As above data shown that neurology cases are highest – 37% amongst all followed by cancer and cardiac – 13% and rest of the diseases below that.

Spine surgery is the main treatment in neurological condition. In cardiothoracic common diseases are chronic bronchitis, haemothorax, Pneumothorax like lung condition, Angioplasty etc.

This TCH has highly advanced cancer institute with high tech equipment. Patient come for chemotherapy as so called many reasons in their own country like more waiting time, not having advanced technology and doctors.

Advanced technology, Skillful manpower and quality of complicated treatment available in Tertiary care with greater success rate build trust amongst patients which seek them for the treatment in TCH.

Table 6 Occupation

| Occupation | No. of patient |
|--------------|----------------|
| Employer | 16 |
| Own Business | 5 |
| Child | 3 |
| Others | 6 |

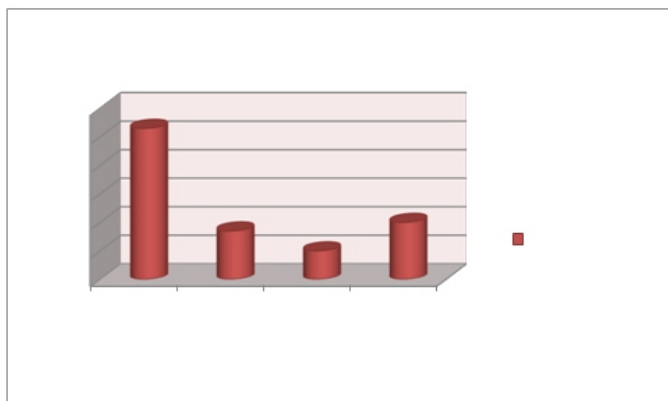


Figure 10 Occupation

The occupation break up amongst the 30 interview Patients are depicted in the

chart. By having a closer look, we may find that the employer were the most among sample population followed by own business, children. Whereas the others such as Housewives, unemployed are amongst the sample Population.

Table 7 Length of Stay

| Length of stay | No. of Patient |
|----------------|----------------|
| 0-9days | 12 |
| 10-19days | 6 |
| 20-29days | 7 |
| 30-39days | 2 |
| >40 days | 1 |

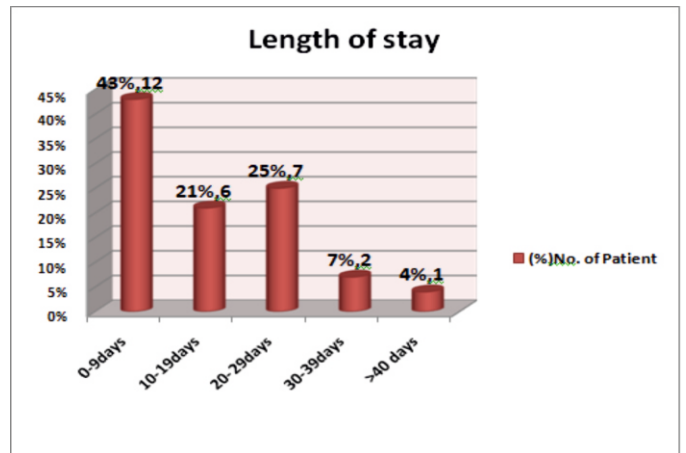


Figure 12 Length of Stay

As the graph shows that, 0-9 days has max. no. of patient – 43% followed by 20-29 days and so on. Only 1 Patient fallen in >40 days of LOS. According to condition, Patient's LOS would be determined. Ideally m-visa has given for only 3 months. Beyond 3 months patient has to go to Embassy for renewal of Visa.

In Chemotherapy, Physiotherapy and some neurological condition Patient have to completed therapy till its session over. Otherwise patient can go back to home and come back after few months for revisit if needed. TCH has tie up with so many Hospitals and own facilitator center in abroad. They can arrange follow up for rest of the treatment at back home.

Table 8 Referred Patient

| Referred patient | No. of Patient |
|--|----------------|
| Facilitator | 11 |
| Recommendation by friend | 7 |
| Internet | 1 |
| Any Hospital's consultant | 7 |
| Recommendation by TCH overseas patient | 2 |
| Recommendation by company | 2 |

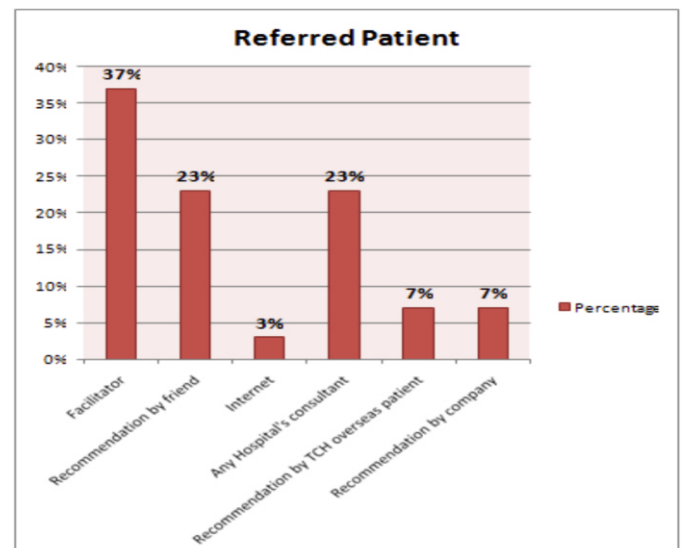


Figure 13 Referred Patient

The sample was asked about their References over TCH and the results were as depicted in the above graph.

It can be visualized that a large number of patient were referred from facilitator (37%) to reaching out TCH. It shows that how Facilitator plays an important role to penetrate in local market. Healthcare Business is unlike any other business. Rather than aggressive marketing Hospital have to penetrate in local market by set up local unit with the facilitator for each country.

Recommendation by friend (23%) and recommendation by TCH overseas patient (7%) are indicated strong "word of mouth" presence in HealthCare sector.

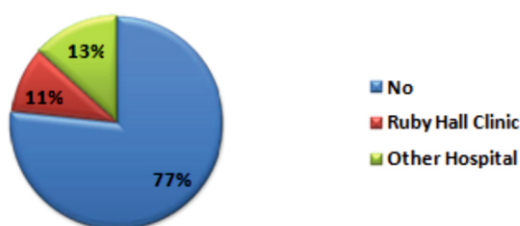
Hospital consultant's (23%) shows how much tie up is important to bring patient. During interview with patient referred to 2-3 consultants before coming to India than consultant's himself suggested to go abroad for advanced treatment.

For example, TCH partnered with AL Hayat international hospital in Muscat.

Table 9 Visits

| Have you ever visited this Hospital or any other Hospital in India before? If yes then specify | No of Patient |
|--|---------------|
| No | 23 |
| This TCH | 3 |
| Other Hospital | 4 |

Visited this Hospital or any other Hospital in India before?



As the breakup of visits seen in the above graph which shows that 77% patients are first time visitor in India for medical tourism. 11% people has already visited TCH and 13% people has visited other hospitals in India.

Table 10 Reasons Preferred

| The reason you preferred this hospital over others? | No of patient |
|---|---------------|
| Cost of the treatment | 5 |
| Location | 4 |
| Brand name | 5 |
| Higher facilities | 7 |
| Experienced staff | 9 |

The reason you preferred this hospital over Others?

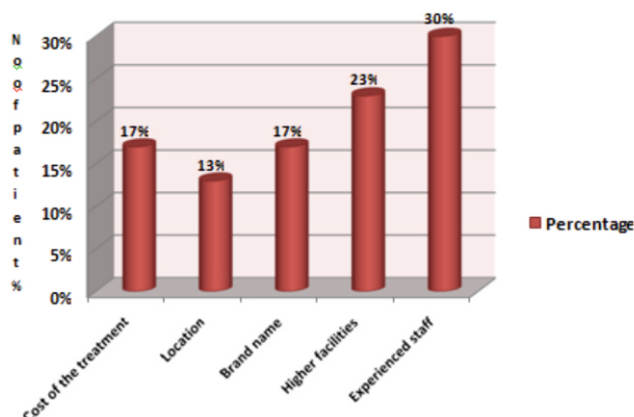


Figure 15

When asking about the reason you preferred this hospital over others, Patient gave preference to the experienced staff more, followed by higher facilities like TCH has advanced technology for treatment.

TCH is already established brand in Pune since 1950 which fetched 18% preferred by patients and location is 14%. This is because of TCH's aggressive marketing in local set up by generating awareness about various diseases and TCH.

Patient has already given estimation by Doctors after that patient is taking decision to come for treatment.

Table 11 Unique Selling Points of TCH

| What do you like most about this hospital? | No. of Patient |
|--|----------------|
| Renowned Doctors | 9 |
| Simplicity in procedure | 6 |
| Infrastructure | 2 |
| Quality | 7 |
| Facilities | 6 |
| Others... | 0 |

USP of Hospital

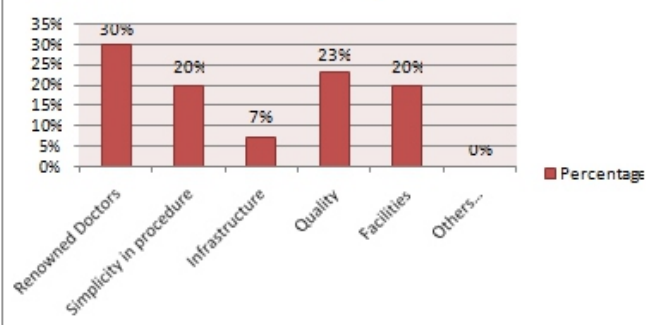


Figure 16 USP of Hospital

While asking about the hospitals most liked service amongst the 5 options, it was kept in mind to extract the most weak option in the perception of patient, the results to the five options viz. renowned doctors, simplicity in procedure, infrastructure & quality. Facilities were analyzed and found out that the patients were mostly happy as they were getting renowned doctors amongst the country to treat their patients, however 23% have gone with Quality while 20% were with facilities option then came in picture with a census of 20% of simplicity of procedure while 7% of the infrastructure at TCH came at last position.

Table 12 Reason for not choosing own country for medical treatment

| Reason for not choosing your own country for Medical treatment | No of patient |
|--|---------------|
| Non Availability | 3 |
| Huge Cost | 1 |
| Available but Procedure is complex and time consuming | 5 |
| Other..... | 21 |

Reason for not choosing your own Country for Medical treatment

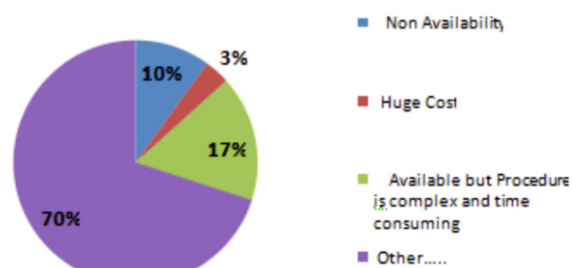


Figure 17 Reason for not choosing own country for medical treatment

When asking about why don't you choose your country for medical treatment, there is 70% patients have other reason rather than non-availability, huge cost and available but procedure is complex. There were many reason derived during interview:

- (1) Treatment is available but not efficient
- (2) No skilled manpower for particular treatment
- (3) Advanced Technology is not there
- (4) Quality issue
- (5) Lack of quality of medicine
- (6) Patient don't trust doctors

17% finding for available but procedure is complex because long waiting time. e.g., Oman is challenged by the ageing population and increased cancer risks largely due to the lifestyle changes. So patient has to face long waiting time because lack of resource to meet suddenly growing new challenge. In anticipation of the rising numbers Oman, through the Ministry of Health, requested an IAEA impact Review. The mission was conducted on 26-30 January 2013 to assess the national cancer control capacity and needs in order to more effectively and efficiently address the cancer burden.¹¹

10% and 3% population fall into non availability and huge cost category.

Table 13 Inconvenience

| At what stage have you faced most Inconvenience? | No of patient |
|--|---------------|
| Arrival | 2 |
| Discharge | 6 |
| Food | 10 |
| None | 12 |

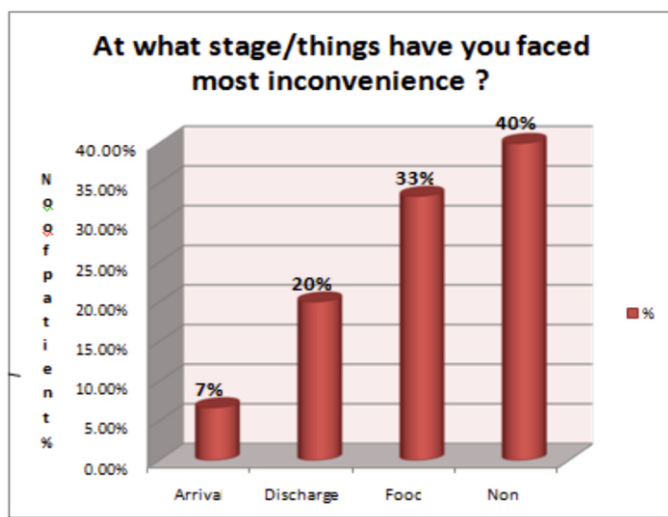


Figure 18 Inconvenience

Overseas department of TCH take care of each nerve of patient from pre arrival to going back home to the country so there is no difficulty (40%) in any phase but still there are some phase in which patient found difficulty.

Food (33%) is a major issue though TCH provide international cuisine but it doesn't satisfied patient's taste bud. Discharge process (20%) take more time in documentation because sometimes documentation need sign of 2-3 doctors who are not available at that time so patient has to wait for it.

Problems faced by patient while coming to India (7%)

After arrival at Mumbai, Documentation cause problems with some patients who don't know even Basic English. TCH Provide picks up and drop facilities but TCH person can't allow going inside the airport. According to my finding this causes some problem with some patients.

RECOMMENDATION

- Maximum streamlining of available services according to the demand flexibility.
- International cuisine- During the interaction with patient we came to know that food is major issue in TCH. It is rich in spice according to patients. Their requirement should meet.
- Discharge process- This process take long time. From Provisional discharge to Final discharge to Billing Process swallow the time. This should be

addresses properly

- There is a probability that sometimes interpreter won't available then patient's treatment would get delay which leads to waiting period for patients. Patients have to pay extra day room charges because treatment gets delay. So this issue should address properly.
- Complete synchronization of technology and HealthCare services.
- Internal Environment:- Language interpreter, Signage and Easy documentation, regional food, cordial behavior,

CONCLUSION:-

In my research overall Patient's experience is very well with TCH. Trusted relationship and good moral support get from the staff. According to Researcher, Patient is quite satisfied with TCH services. As TCH provide excellent quality of HealthCare, trusted doctors, overseas patient staff and other services which feels to patient that he is a part of TCH's family. As mentioned in research, little loopholes in discharge process and food which is an integral part of system, this should be managed properly.

Local setup like diagnostic center, dialysis center, IVF should be established to grab more attention and patient. TCH doesn't have its own local set up in abroad till date. Today's investment will create future open door for patients.

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ANNEXURE:

Questionnaire: - For Patient

Q-1. How did you come to know about this hospital?

- Internet
- Magazines or newspaper (specify)
- Medical practitioner/consultants
- Any Hospitals
- Recommendation (by friend or others)
- Any consultancy service.
- Others.....

Q-2 Have you ever visited this hospital or any other hospital in India before? If yes then specify.

- Yes
- No

Q-3 What is the cause/disease to admit in this hospital? Q-4 The reason you preferred this hospital over others?

- Cost of the treatment
- Location
- Brand name
- Higher facilities
- Experienced staff

Q-5 Why don't you choose your own country for medical treatment?

- Non Availability
- Huge Cost
- Available but Procedure is complex and time consuming
- Other.....

Q-6 What do you like most about this hospital?

- Renowned Doctors.
- Simplicity in procedure
- Infrastructure
- Quality
- Facilities
- Others...

Q-7 At what stage have you faced most inconvenience?

- Arrival
- Discharge
- Food
- None